

FRANKLIN GRAND ISLE



• P R O G R A M •

Program Application (September 2010- June 2011)

Please complete this application thoroughly and legibly (print or type, answer all questions). Franklin Grand Isle L.E.A.D. Program applicants will be selected on the basis of completed applications that must be postmarked by July 14, 2010. Please mail your completed application to Franklin Grand Isle L.E.A.D. Program c/o Franklin County Regional Chamber of Commerce, 2 North Main Street, Suite 101, St. Albans, VT 05478 or fax it to 802-527-2256.

Support/Commitment of Participant/Employer: Applicants for the Franklin Grand Isle L.E.A.D. Program must have a personal commitment to the program as well as the support and commitment of their employer. Monthly sessions will be held beginning September 2010 and ending June 2011. The class day will begin at 8:00 a.m. and end approximately at 5:00 p.m. The group projects, one in the fall, the other beginning in January, will require an additional commitment outside of each monthly session. Each session facilitator will attempt to allow for project meeting time at the end of each session however; historically, the project time commitment ranges between 3-5 hours in addition to the allotted time at each monthly session.

Attendance & Participation Policy: Participants in the L.E.A.D. program are expected to attend all monthly sessions. For any participant being sponsored by their employer, the employer will be notified in the event an absence. For emergency purposes, one absence is allowed per participant if notified in advance by contacting the Program Coordinator. Missing any or all of a monthly session will constitute an absence from that session. Should a second absence occur the program coordinator would notify the L.E.A.D. Board and require the participant submit a formal request for special dispensation. Makeup work for special dispensations will be at the discretion of the Board. Additional absences and/or unapproved dispensation may result in dismissal from the program. The Board reserves all rights to determine graduation designation.

Tuition: The tuition fee is \$650.00 for this program. Tuition is payable by August 30, 2010. A late fee of \$75.00 is due after September 6, 2010. Please make your check payable to Franklin County Regional Chamber of Commerce. Please mail your tuition payment to the same address listed for applications above. **NO REFUNDS WILL BE ISSUED AFTER SEPTEMBER 6, 2010.**

Tuition Assistance: To encourage broad community participation, the Board of F/GI L.E.A.D. Program will offer up to 4 partial/full need-based scholarships to applicants from non-profit organizations, self-employed applicants and applicants from employers whose financial capacity to support the applicant is limited. A tuition assistance application has been attached for your convenience. Should you decide to apply for tuition assistance, please include your tuition assistance application with this program application, as the deadline date for both is August 16, 2010.

It is necessary to secure appropriate signatures as indication of full support of the applicant's participation in the Franklin Grand Isle L.E.A.D. Program. If you have any questions regarding the application, please contact

Elizabeth Newman at 802-370-8812. Due to the nature of the program, class size is limited to 20 participants each year. All applicants will be notified in writing of selections within 4 weeks of the application deadline.

Participant Information

Name: _____
Last First Middle Initial

Work Phone: _____ Home Phone: _____

Home Address: Street: _____ City: _____ Zip: _____

E-Mail Address (Required): _____ Name you like to be called: _____

Organization/Sponsor: _____ Date began employment there: _____

Present Title or Responsibility: _____

Brief description of your present duties: _____

Employer Information

(If Applicable)

Street Address: _____ City: _____ Zip: _____

Supervisor Name : _____ Supervisor Title : _____

Phone : _____ E-Mail : _____

Instructions: Please provide the following information and answers to the questions on separate sheet(s) and attach to this application. Please reference the question to each answer. Please put your name on each sheet (attachment)

A. General Information: *Do not send a resume.*

1. Please list employment history {professional work experience for the past 5 years –name of employer, title and most significant achievement}.
2. Please list information about your education {high school, college(s), business/trade schools and/or specialized training – List each degree/major separately}.
3. Please list your hobbies and/or major interests.

B. Questions: *Answers for each of the following questions should not exceed 200 words.*

The goal of Franklin Grand Isle L.E.A.D. Program is to inform, challenge and motivate potential leaders by providing information on community resources; identifying community concerns; interacting with community leaders; and invoking a sense of community trusteeship.

1. Have you been as active in community, civic, professional and other activities as you would like to be? If not, what have been the major barriers to your becoming involved?
2. In your judgment, what is one of the most pressing issues facing our community today? Why? What suggestions or thoughts do you have to help resolve this issue?
3. What motivated you to apply for F/GI L.E.A.D. Program? If accepted, what do you plan to do with the experience and knowledge you gain?

C. Recommendation:

Please include your employer letter of recommendation or letter of reference if you are self-employed.

D. Employer Signature Commitment

If my employee is selected for the Franklin Grand Isle L.E.A.D. Program, I agree to be responsible for the tuition fee as listed above and to allow the employee the necessary time away from work to participate in the monthly sessions.

Employer Name and Title: _____

Employer Signature: _____

E. Applicant Signature Commitment:

If I am selected to participate in the L.E.A.D. Program I agree to attend and participate in each monthly session and complete required project work outside the scheduled monthly sessions. I agree to be responsible for the tuition fee as listed above. (Not applicable to participants receiving employer sponsorship or full L.E.A.D. scholarship.)

Applicant Name and Title: _____

Applicants Signature: _____

**Applications and all attachments must be postmarked or hand-delivered for receipt by August 16, 2010.
For more information, please contact Elizabeth Newman at 802-370-8812.**

Thank You.

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TUITION ASSISTANCE APPLICATION

Name: _____
Last First Middle Initial

Employer/Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

APPLYING AS: (Check One)

Non-profit organization
Amount non-profit organization will contribute: \$ _____
Amount you will contribute: \$ _____
Tuition Assistance amount requested: \$ _____

Self-Employed
Amount you will contribute: \$ _____
Tuition Assistance amount requested: \$ _____

Employer with limited financial capacity
Amount employer will contribute \$ _____
Amount you will contribute \$ _____
Tuition Assistance amount requested: \$ _____

A. Questions: *Please answer the following questions on a separate piece of paper. Answers for questions 2 and 3 should not exceed 200 words. Please reference the question to each answer. Please put your name on each sheet (attachment).*

1. Do you agree to attend every session?
2. Explain why you are applying for tuition assistance.
3. Attach a letter from your employer (or yourself, if you are self-employed) stating why tuition assistance is necessary.

B. Tuition assistance application submission

Please include your tuition assistance application with your program application.

Thank You